# Strengthening Families Training Institute Boise, ID

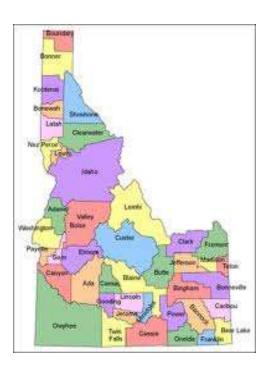
Laura DeBoer
Department of Health and Welfare
March 15, 2011

#### Objectives

- Review Home Visiting →ACA
- Introduce MCH Home Visiting Planning
- Discuss Program Vs. Systems Planning & Development

### Family Support in Idaho







### Home Visiting in Idaho

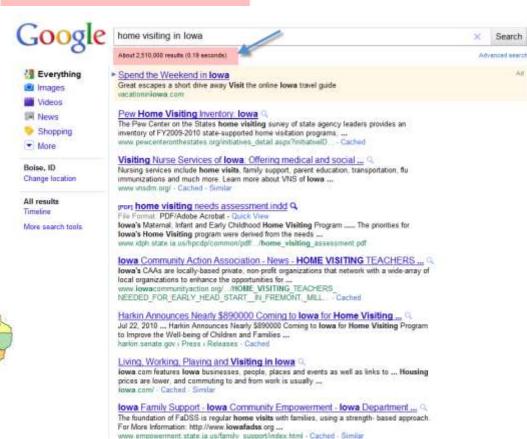


### Home Visiting in lowa (the other Idaho)





Inchart is on T



#### The Affordable Care Act

- Health Care Reform
- Obamacare
- Insurance Exchanges and Mandates
- Public Health Prevention Fund
- "Death Panel"
- BUT ALSO....

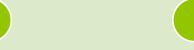
#### Maternal, Infant, and Early Childhood Home Visiting Program

- Affordable Care Act: March 23, 2010, commonly called "Health Care Reform"
- $\circ$  Each state eligible to apply for \$\$  $\rightarrow$  "EB Home Visiting" programs.
- Funding awarded to applicants upon successful completion of:
  - Initial Grant Application
  - Home Visiting Needs Assessment
  - State Plan for the Maternal, Infant, and Early Childhood Home Visiting Program.

#### **Application Process**

July, 2010: Initial Application

June 2011: **State Plan** 



September 2010: **Needs** 

Assessment

#### What is Home Visiting?

Home visiting is defined (in legislation) as an evidence based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and

is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes



#### What is Evidence-Based?

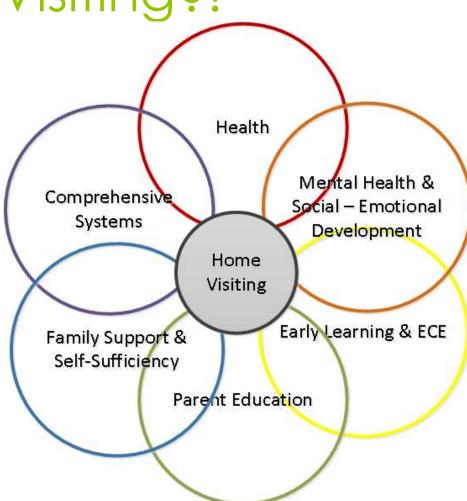
Evidence-based program defined as existing for at least three years, research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education with comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, demonstrate significant, sustained positive outcomes per required benchmarks and participant outcomes when evaluated using well-designed and rigorous, randomized controlled research designs and the results are published in a peer-reviewed journal, or Quasi-experimental research designs. Or, the model must conform to a promising and new approach which achieves the required benchmarks and participant outcomes

**Federal Register** / Vol. 75, No. 141 / Friday, July 23, 2010: Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program.

Why Home Visiting?!

Home Visiting is <u>one</u> service delivery route, in which research has shown to be effective in improving outcomes in at least these areas:





#### Protective Factors

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

#### ACA Maternal, Infant, and Early Childhood Home Visiting Program

What are required outcomes?

- Participant outcomes& benchmarks
- Demonstration of improvement at 3 year on 5-6 outcomes



Maternal Health	Child Health				
Child Development & School Readiness	Prevention of Child Injuries & Maltreatment				
Parenting Skills	Reductions in Crime or Domestic Violence				
Improved Family Economic Self- Sufficiency	Improved Coordination & Resources of Community Supports				



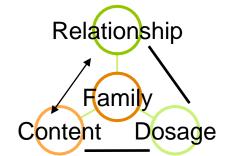
### Achieving Outcomes

### HmV Infrastructure Elements

- Planning
- Operations
- Workforce Development
- Funding
- Collaboration
- Communication
- Community & Political Support
- Evaluation

### Aspects of HmV Programs Necessary to Achieve Outcomes

- Dosage
- Content
- Relationships
  - Family → Home Visitor
  - Supervisor → Home Visitor



Zero to Three Journal (2010) **Home Visiting: Past, Present, and Future** July, 30:6, 70 pgs.

# MCH Home Visiting Application Process

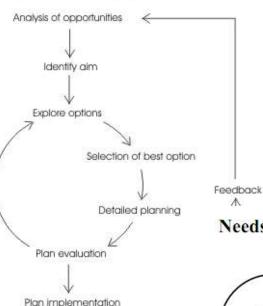
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Needs Assessment

Figure 1. The Planning Cycle

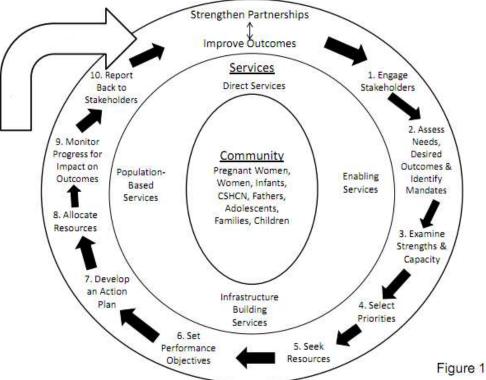


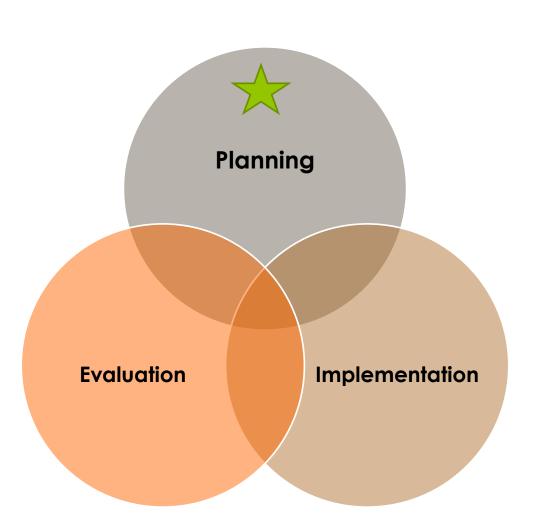
### Program Development

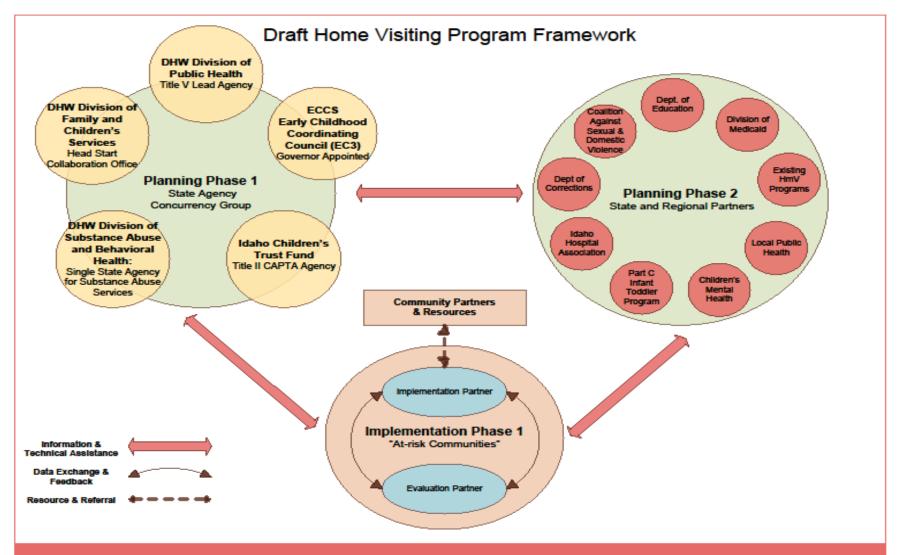
Needs Assessment, Planning, Implementation & Monitoring Process

Sources: MCH Needs Assessment 2015, lowa Department of Public Health

Closure of plan







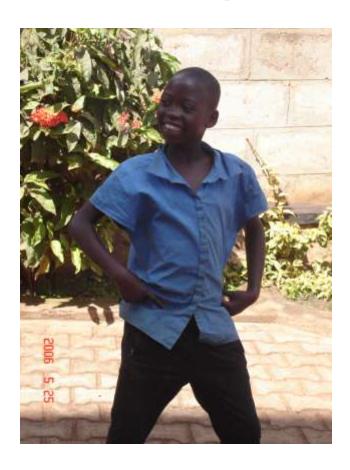
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#### Next Steps

- Community Identification
- Model Identification
- Implementation
- Evaluation
- Developing Home Visiting Systems

#### WHAT'S NEXT: THE DANCE

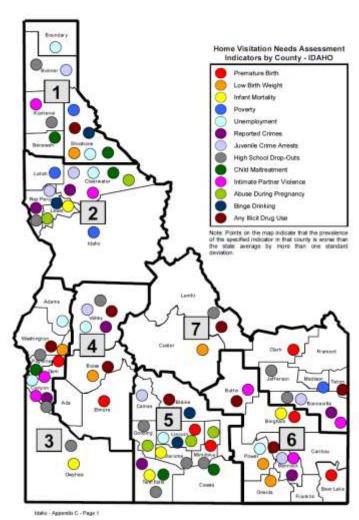




#### "Community" Data Report

- Risk Rating of "At Risk" Communities
  - Public Health District 2: 21.5%
  - Public Health District 1: 18.5%
  - Public Health District 5: 18.3%
  - Public Health District 3: 16.7%
  - Public Health District 4: 15.4%
  - Public Health District 6: 11.5%
  - Public Health District 7: 10.6%

Note: These percentages are proportions of risk and are not expected to total 100%.



#### Needs Assessment Snapshot

- Target "Communities at-risk"
- Build capacity to provide home visiting services
- Align with existing initiative and systems of care

		2009	2008
Community	Risk Rating	Population (%)	# Births (rate)
Public Health District 2	21.5%	104,496 (6.8%)	1,239 (12.1)
Public Health District 1	18.5%	213,662 (13.8%)	2,656 (12.5)
Public Health District 5	18.3%	179,994 (11.6%)	3,115 (17.7)

### Identifying "Communities within Communities"

- Needs Assessment Data County
- Three methods of analysis
  - Counties within "communities at risk"
  - Counties across "communities at risk"
  - Counties compared to state median



3 Methods	2 Methods	1 Methods
Shoshone	Kootenai	Benewah
Clearwater	Bonner	Lewis
Twin Falls		Lincoln
Jerome		Minidoka

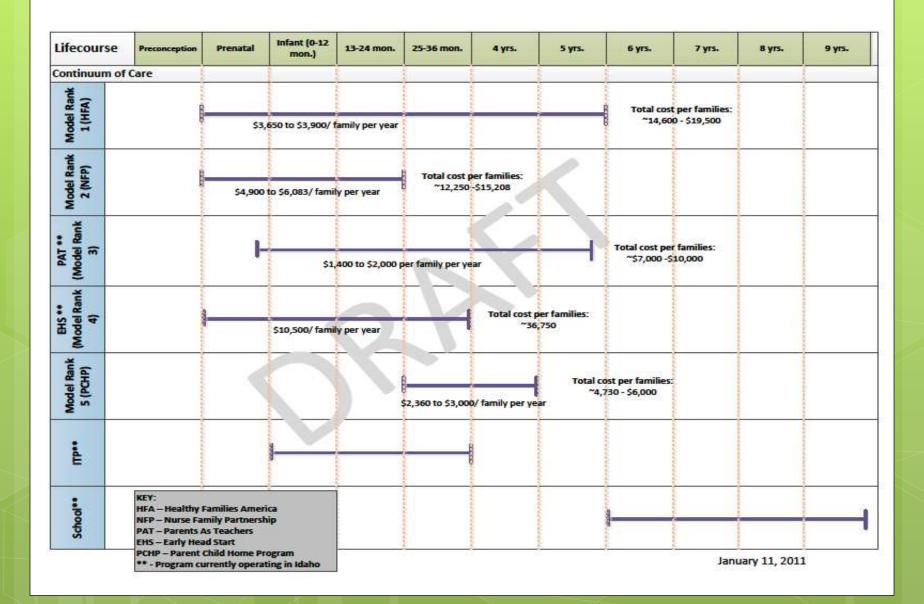
#### Home Visiting Programs

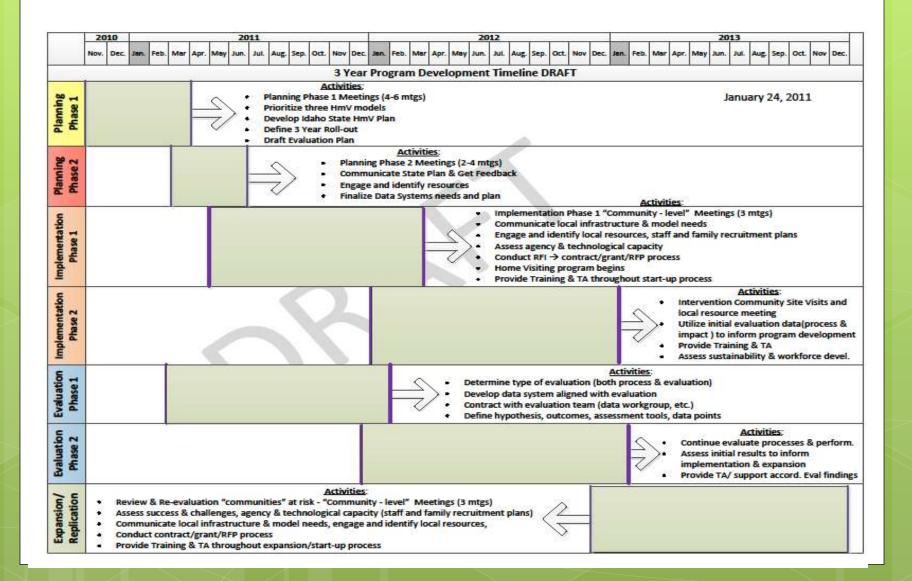
- Assessed 11 programs that MAY be eligible
  - Program Snapshot
  - Model Comparison Grid (Outcomes)
  - Model Ranking

	NFP	PAT	HIPPY	Triple P	HFA	Parent-Child	HS/EHS	Safe	Incredible	Healthy	Even
Planning				-		Home		Care	Years	Start	Start
Outcomes			l	I			l	l			
Target Population			l	l			l	l			
9 .			l	l			l	l			
Replicability											
Operations			l	l			l	l			
<ul> <li>Implementation agencies</li> </ul>			l	l			l	l			
<ul> <li>Logistics &amp; Capacity</li> </ul>											
Workforce Development			l	I			l	l			
<ul> <li>Staffing Required</li> </ul>			l	l			l	l			
Competency Needed											
Funding			l	l			l	l			
<ul> <li>Grant award</li> </ul>			l	I			l	l			
<ul> <li>Sustainability</li> </ul>			l	l			l	l			
<ul> <li>Cost per Child</li> </ul>											
Collaboration			l	l			l	l			
<ul> <li>State &amp; Local Partners</li> </ul>			l	l			l	l			
<ul> <li>Community Resources</li> </ul>			l	l			l	l			
<ul> <li>Participant Recruitment</li> </ul>											
Communication			l	l			l	l			
<ul> <li>State &amp; Local Meetings</li> </ul>			l	l			l	l			
<ul> <li>Centralized Intake</li> </ul>											
Community & Political			l	l			l	l			
Support			l	l			l	l			
<ul> <li>Culturally Appropriate</li> </ul>			l	l			l	l			
<ul> <li>Political Relevancy</li> </ul>			l	l			l	l			
<ul> <li>Sustainability</li> </ul>											
Evaluation		I	I	I I	I	l	l	I	l		
<ul> <li>Data Systems</li> </ul>		I	I	l l	I	l	l	I	l		
<ul> <li>Results Utilization</li> </ul>		I	I	l l	I	l	l	I	l		
<ul> <li>Type of Evaluation</li> </ul>								-			
Notes											
Notes											
Final Score											

#### 7 Eligible Models

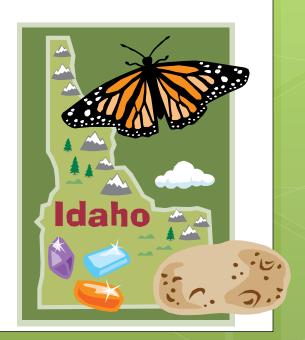
- Early Head Start (EHS)
- Family Check-up
- Health Families America (HFA)
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)





## Community Resource Assessment

- Community Surveying
- Organizations serving children and families
- Assessment of Resources that exist in communities





#### Estimated Funding Levels

#### Formula Based

Year 1: \$763,792

Year 2: \$1,909,480

Year 3: \$2,673,272

Year 4: \$3,055,168

Year 5: \$3,055,168

#### Competitive Funding

Year 1: \$763,792

Year 2: \$763,792

Year 3: \$763,792

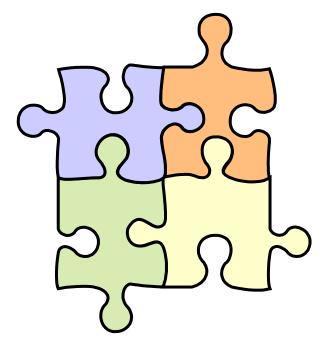
Year 4: \$763,792

Year 5: \$763,792



#### Now the System....

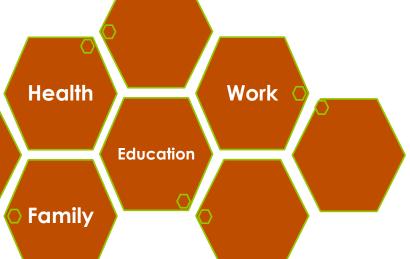
- The opportunity is before us...
- Collaboration necessary now more than ever



### Program vs. System







#### Strengthening Families: Common Strategies

#### PROGRAM STRATEGIES

- Facilitate friendships and mutual support
- · Strengthen parenting
- · Respond to family crises
- Link families to services and opportunities
- Facilitate children's social and emotional development
- Observe and respond to early warning signs of child abuse or neglect
- Value and support parents

PROTECTIVE FACTORS

Parental resilience

Social connections

Knowledge of parenting and child development

Concrete support in times of need

Social and emotional competence of children

prevention of child abuse and neglect

optimal child development

Source: www.strengtheningfamilies.net

# Home Visiting System in Idaho

INPUTS

- PAT
- ITP
- CPS
- EHS
- MCH
- OTHERS?

# **STUTPUTS**

- Coordinated Programs
- Integrated Strategies
- Standard Data Collection
- Common Training
- OTHERS?

# **MPACT**

- Prevention of Child Abuse and Neglect
- Optimal Child Development

Most of the people who will walk behind me will be children so make the beat keep time with short steps.

Hans Christian Andersen

#### THANK YOU!

#### Questions or Comments?

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Visit us on the Web:

http://www.healthandwelfare.idaho.gov/Children/ChildrensSpecialHealthProgram/HomeVisitingProgram/tabid/1521/Default.aspx